



STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF CONSUMER SERVICES

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**CHECK CASHERS, SELLERS, AND SMALL LOAN ENDORSEMENTS
ANNUAL ASSESSMENT REPORT**

This report will be reconciled to the required Consolidated Annual Report and other financial reports previously submitted. See WAC 208-630-022 for authority.

Name of company as licensed in Washington: _____

Licensed as: ☐ Check Casher ☐ Check Seller ☐ Small Loan Endorsement

Assessment based on: ☐ 2003 Calendar Year ☐ Fiscal Year (dates) _____

Due Date: April 15, 2004 105 days after FY end-date: _____

A penalty of \$100.00 per day will be assessed if received in our office after due date.

Analysis of Dollar Volume of Business Conducted Under The Check Casher/Sellers Act & Small Loan Endorsement for Assessment		No. Licensed Locations	Dollar Volume
1.	Total dollar volume of checks cashed during 2003 for company.	///////// /////////	\$
2.	If line 1 is greater than \$1 million, enter count of company's locations holding Washington Check Casher licenses.		///////// /////////
3.	Total dollar volume of checks sold during 2003 for company. (enter zero if checks are sold as an agent)	///////// /////////	\$
4.	If line 3 is greater than \$1 million, enter count of company's locations holding Washington Check Seller licenses.		///////// /////////
5.	Total dollar volume of small loans made during 2003 for company	///////// /////////	\$
6.	If line 5 is greater than \$1 million, enter count of company's locations holding Washington Small Loan endorsements.		///////// /////////
7.	Add lines 2, 4, and 6. Enter the total here.		///////// /////////
8.	Multiply line 7 by \$530.86 and enter the total here, pay this amount. Checks should be made payable to the "Washington State Treasurer." (You must submit this document by due date, even if total is zero.)	///////// /////////	\$

I hereby certify under penalty of perjury that the information contained in this consolidated annual report has been carefully examined by me and is correct and complete, and further acknowledge that there are no misrepresentations or omissions of material facts.

Prepared By: _____ Date: _____
Signature

Type or printed name Title

Phone: _____ Fax: _____ e-mail: _____